



EMPLOYMENT APPLICATION

By authority of the Michigan Department of Natural Resources, completion of this application is required to be considered for employment.

All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment. An applicant who refuses to submit to or fails a pre-employment drug test, interferes with a test procedure, or tampers with a test sample will be removed from all employment lists and will be disqualified from state employment for a period of three years. The State of Michigan is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, religion national origin, ancestry, disability, political affiliation, age, or sex.

APPLICANT INFORMATION

Instructions: Complete with black ink or type. Attach additional sheets as necessary.			DATE - -
APPLICANT'S NAME (LAST, FIRST, M.I.)		APPLICANT SSN / EMPLOYEE ID (If known)	
STREET ADDRESS		AREA CODE / TELEPHONE NO (BETWEEN 8 AM AND 5 PM) () -	
CITY	STATE	ZIP CODE	DRIVERS LICENSE NUMBER

POSITION APPLYING FOR:	LOCATION:
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EDUCATION AND TRAINING

CHECK ALL APPROPRIATE BOXES -- ATTACH PHOTOCOPY OF TRANSCRIPT (IF COLLEGE COURSEWORK IS REQUIRED)	MAJOR	NUMBER OF HOURS OR DATE OF COMPLETION
<input type="checkbox"/> High School Graduate/GED		
<input type="checkbox"/> Post High School, Vocational, or Business School		
<input type="checkbox"/> Associate's Degree		
<input type="checkbox"/> College, less than BA or BS Degree		
<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> Master's Degree		
<input type="checkbox"/> Ph.D. or Similar Professional Degree		
<input type="checkbox"/> MD, DO, DDS, DVM, JD		
<input type="checkbox"/> Other: _____		

OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES (Include Commercial Driver's License):

LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE/SPECIALIZATION	LICENSE / CERTIFICATION NO.	ISSUE DATE	EXPIRATION DATE

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFENSE	DISPOSITION
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RELATED EMPLOYMENT HISTORY

Please list below ALL of your work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job, including percentage of time spent on each duty. Additional sheets may be attached if necessary. If attaching a resume, instead of completing this portion of the application, you must indicate the number of hours worked per week and percentage of time spent on individual job duties.

JOB TITLE		EMPLOYER	
DATE OF EMPLOYMENT (MM/DD/YYYY) FROM - - TO: - -		AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED
DESCRIPTION OF YOUR DUTIES AND THE PERCENTAGE OF TIME SPENT ON EACH DUTY			
PERCENT			
%			
%			
%			
%			
%			
%			
100%			

JOB TITLE		EMPLOYER	
DATE OF EMPLOYMENT (MM/DD/YYYY) FROM - - TO: - -		AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED
DESCRIPTION OF YOUR DUTIES AND THE PERCENTAGE OF TIME SPENT ON EACH DUTY			
PERCENT			
%			
%			
%			
%			
%			
%			
100%			

CERTIFICATION: *By submitting this application and any attachments, the applicant named above certifies that all information provided is true and accurate and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify applicants from consideration for employment with the State of Michigan; or if hired, may be grounds for termination. Previous employers may be contacted for verification of employment history.*

By submission of this application, I am authorizing the Department of Natural Resources to conduct a criminal history check as part of the pre-employment screening process.

I hereby certify that the statements on this application are true

NAME

DATE

Submit this completed application to the Michigan Department of Natural Resources field location where the employment is available.